
Journal Abstracts

The following abstracts are reprinted verbatim as they appear in the cited source.

Besser, T. (2003). New economy businesses in rural, urban, and metropolitan locations. *Rural Sociology*, 68(4), 531-553.

The service sector has replaced manufacturing as the primary employer in the United States. Fastest growing within this sector are producer services, i.e., those businesses that provide service inputs to other businesses and government. Theorists posit that the propensity of producer services to locate in metro areas advantages cities in relation to rural areas. They argue that significant numbers of producer services are unlikely to locate in rural areas due to the economic and cultural benefits offered by central cities and that producer services in rural locations are qualitatively different from metro firms. Perceptions of the environment, management strategies, and community citizenship were analyzed with data from 259 producer service business owners and managers in Iowa rural, urban, and metropolitan communities. The findings point to qualitative differences between the businesses based on community size, but also many similarities were found. Rural producer services reported more community citizenship than other businesses.

Carpenter, R.A., Finley, C., & Barlow, C.E. (2004). Pilot test of a behavioral skill building intervention to improve overall diet quality. *Journal of Nutrition Education and Behavior*, 36, 20-26.

Objective: To determine the effect of a cognitive and behavioral skills building intervention delivered via a small group or correspondence on improvement in total diet quality.

Design: Randomized, controlled trial comparing 2 intervention groups with a usual care (UC) group.

Participants: Generally healthy men (n = 35) and women (n = 63); mean age = 49.6 years (range = 29 to 71 years).

Intervention: 20-session behavioral and cognitive skills curriculum to train participants to improve personal dietary habits that were inconsistent with public health guidelines. One group (weekly meeting [WM]) met in small groups with 2 cofacilitators. A correspondent (CR) group received the curriculum via mail and an interactive study Web site. The UC group received a copy of a consumer nutrition book.

Main Outcome Measure: Modified Healthy Eating Index (MHEI) score derived from 9 components of the US Department of Agriculture's Healthy Eating Index.

Results: The WM group significantly improved their MHEI score compared with the CR ($P = .04$) and UC ($P = .002$) groups. The CR group's improvement in MHEI score was not significantly different from that of the UC group ($P = .19$).

Conclusions and Implications: A behaviorally focused intervention can improve overall diet quality, especially if delivered through small-group meetings.

Green, G.P., & Mayhew, C. (2003). Hiring welfare recipients: Employer practices and experiences. *Journal of Poverty*, 7(4), 37-51.

We examine employer hiring practices and experiences related to hiring former welfare recipients in Wisconsin. Data for this analysis were collected from phone surveys of a stratified random sample of 1,266 Wisconsin employers.

We conduct analyses of previous and anticipated demand for employers that have hired or are planning to hire welfare recipients. We find a relatively high level of previous and prospective demand for hiring former welfare recipients. Most employers report that the chances for promotion are either good or excellent, but about one-third of the employers said that the chances for promotion were fair or poor. The most serious problem reported by employers with hiring former welfare recipients is with absenteeism and tardiness, with one-half of the employers reporting a problem. The starting salary for the average welfare hire is \$12,743 per year. About one-third of the recent hires, however, are working part-time (less than 35 hours per week). Employers in Milwaukee with a large number of women employees, a high vacancy rate and a large number of unskilled positions are likely to hire more former welfare recipients.

Gunther, S., Patterson, R.E., Kristal, A.R., Stratton, K.L., & White, E. (2004). Demographic and health-related correlates of herbal and specialty supplement use. *Journal of the American Dietetic Association*, 104, 27-34.

Background. By broadening the definition of a dietary supplement, the 1994 Dietary Supplements Health and Education Act opened the market to many herbals, botanicals, and other food ingredients that would have otherwise needed safety testing before being sold. Information regarding patterns and correlates of herbal and specialty supplement use can help nutritionists understand which compounds are most commonly used, who

are likely to use these supplements, and whether the choice of herbal supplements appears motivated by specific health concerns.

Methods. Data are from 61,587 participants, aged 50 to 76 years, who completed a self-administered mailed questionnaire in 2000-2002 on current dietary supplement use (20 herbal/specialty supplements, multivitamins, and 17 individual vitamins or minerals), demographic and lifestyle characteristics, and medical history.

Results. When compared with no supplement use, herbal/specialty supplement use was significantly higher among respondents who were older, female, educated, had a normal body mass index, were nonsmokers, engaged in exercise, and ate a diet lower in fat and higher in fruits and vegetables (all $P < .001$). Similar trends were observed when herbal/specialty supplement users were compared with vitamin/mineral users. For specific supplements and medical conditions, the strongest associations were cranberry pills and multiple bladder infections (odds ratio [OR], 4.66; 95% confidence interval [CI], 4.03-5.38), acidophilus pills and lactose intolerance (OR, 3.37; 95% CI, 2.96-3.84), and saw palmetto and enlarged prostate (OR, 3.33; 95% CI, 3.00-3.72).

Conclusions. Odds of supplement use are high for certain demographic and lifestyle characteristics. Additionally, persons with specific medical conditions are using supplements promoted to reduce risk for their particular conditions.

Sahn, D.E., & Stifel, D. (2003). Exploring alternative measures of welfare in the absence of expenditure data. *Review of Income and Wealth*, 49(4), 463-490.

We consider an asset-based alternative to the standard use of expenditures in defining well-being and poverty. Our

motivation is to see if there exist simpler and less demanding ways to collect data to measure economic welfare and rank households. This is particularly important in poor regions where there is limited capacity to collect consumption, expenditure and price data. We evaluate an index derived from a factor analysis on household assets using multipurpose surveys from several countries. We find that the asset index is a valid predictor of a crucial manifestation of poverty—child health and nutrition. Indicators of relative measurement error show that the asset index is measured as a proxy for long-term wealth with less error than expenditures. Analysts may thus prefer to use the asset index as an explanatory variable or as a means of mapping economic welfare to other living standards and capabilities such as health and nutrition.

Shlay, A.B., Weinraub, M., Harmon, M., & Tran, H. (2004). Barriers to subsidies: Why low-income families do not use child care subsidies. *Social Science Research*, 33, 134-157.

Child care affordability is a problem for low-income families. Child care subsidies are intended to reduce child care expenses and promote parental employment for poor families. Yet many families fail to utilize the child care subsidies for which they are eligible. This research investigates barriers to utilizing child care subsidies. Found barriers include parents' beliefs that they either did not need or were not eligible for subsidy. Knowingly eligible families avoided applying for subsidies because of hassles and restrictions, real or perceived, associated with accessing the subsidy system. Even families receiving subsidies were confused about subsidy regulations. The major predictors of subsidy use were prior welfare experience, single parenthood, family/household income, hours of

employment, use of center care and in-home care, and receipt of court ordered child support. Policy recommendations include developing better methods for disseminating information about subsidy eligibility and reducing barriers associated with specific subsidy regulations.

Wansink, B. (2003). How do front and back package labels influence beliefs about health claims? *Journal of Consumer Affairs*, 37(2), 305-316.

One dilemma with health claims is that too much information can confuse consumers and too little information can mislead them. A controlled study is used to examine the effectiveness of various front-sided health claims when used in combination with a full health claim on the back of a package. The results indicate that combining short health claims on the front of a package with full health claims on the back of the package leads consumers to more fully process and believe the claim. The basic finding that using two sides of a package (short claim on front; long on back) increases the believability of health claims is relevant for policy-makers, consumers, and researchers.